In this issue of Occupational Medicine

Organizations operate selection processes with the aim of recruiting the best candidates for employment or training. Two papers with a military provenance, one from the USA and the other from the UK, examine the outcome of army recruitment. Military personnel are often thought of as having exceptional levels of physical fitness. However, to avoid the exclusion of otherwise suitable candidates the US army has a waiver system to allow inclusion of those with an otherwise above weight for height and body fat percentage up to 30%. Cowan et al. [1] studied the association between being overweight and musculoskeletal injuries occurring 90 days after army entry. This requires completion of a minimum fitness standard which involves a 5 minute step test and at least 15 push-ups in 1 minute. The entrants utilizing the waiver due to higher body fat had a 47% greater risk of injury and 49% higher use of health care. It seems that the economic climate has more recently reduced the need for the waiver system with the US army nearly meeting its 2011 recruitment early in the year.

The UK army study reported by Jackson et al. [2] focused on occupational stress measured 4 weeks after recruitment using the Occupational Stress Inventory – revised. The questionnaire assessed the effects of work roles, experience of psychological strain and personal coping resources. The recruits who were declared not suitable for army service were more likely to have lower personal resources. Some other recruits chose to leave of their own decision. Those who successfully passed out were more likely to have higher personal resources and lower psychological strain. If these findings were replicated pre-recruitment then this might prove useful in selection. Also it would be useful to know how these cohorts fare in their longer term careers. These two army-based studies allow the evaluation of a defined selection system with a high throughput and may suggest that further examination of these factors in other employment and training procedures would be informative.

Musculoskeletal injuries are an occupational hazard and a source of significant cost not only in the military but also in the healthcare sector, as studied by Alamgir et al. [3]. These authors examined workers’ compensation claims and slips, trips and falls that resulted in days lost to work amongst Canadian healthcare workers. They recorded 601 falls over a 4-year period, resulting in 27 592 working days lost and claim costs of $3 378 779. The study reports the associated risk factors for falls and points out that understanding the costs associated with such injuries is a good incentive for policy makers to support safety initiatives. Another issue for occupational health professionals in the healthcare sector is the potential for occupationally acquired infection. The UK National Institute of Health and Clinical Excellence (NICE) advises that healthcare staff who are in regular contact with tuberculosis (TB) patients or clinical materials, or have worked in a high-risk clinical setting for 4 weeks or longer should have annual reminders of the symptoms of TB, and the need for prompt reporting of such symptoms [4]. Grime et al. [5] analysed the effectiveness of the paper-based system used in their hospital. A total of 2530 questionnaires were sent out and only 16% returned with none reporting any symptoms of TB. The authors say that none of the 12 cases of TB diagnosed in staff were prompted by these reminders and question the basis of this aspect of NICE guidance. They make some suggestions for alternative methods of targeting staff at risk of TB whilst being more cost effective in occupational health utilization.

References